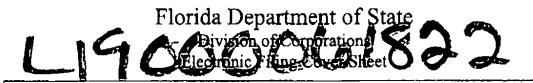
5/9/22, 10:39 AM

**DMsion of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 : (305)226-8767 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email Addrage: |      |  |  |  |
|----------------|------|--|--|--|
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NODA SERVICIOS Y REMODELACIONES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Registration Section

TO:

## **COVER LETTER**

| Division of Co  | rporations                                |   |  |  |  |
|---|---|---|--|--|--|
|   | RVICIOS Y REMODELACIO                     |   |  |  |  |
| SUBJECT:  | Name of Lin                               | nited Liability Company   |  |  |  |
| The enclosed Articles of                                    | Amendment and fee(s) are sub              | omitted for filing.   |  |  |  |
| Please return all correspo                                  | ondence concerning this matter            | to the following:   |  |  |  |
|   | LUCIA ESTRELLA                            |   |  |  |  |
|   | <del> </del>                              | Name of Person  |  |  |  |
|   | LICENSES & PERMITS                        | LLC   |  |  |  |
|   | Firm/Company                              |   |  |  |  |
|   | 8300 WEST FLAGLER S                       | TREET SUITE 114   |  |  |  |
|   |   | Address   | <del> </del>   |  |  |
|   | MIAMI, FLORIDA 33144                      | ı   |  |  |  |
|   |   | City/State and Zip Code   |  |  |  |
|   | ACRUZ.ACCURATE@GN                         |   |  |  |  |
|   | E-mail address: (                         | to be used for future annual report not   | fication)  |  |  |
| For further information o                                   | oncerning this matter, please c           | all:  |  |  |  |
| LUCIA ESTRELLA  |   | 305 226-8727<br>at ()   |  |  |  |
| Name o  | f Person                                  | Area Code Daytim  | e Telephone Number   |  |  |
| Enclosed is a check for t                                   | he following amount:                      |   |  |  |  |
| ■ \$25.00 Filing Fee  | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                           | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Address Registration of C P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27             | Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI | porations<br>Callahassec<br>e Street, Suite 810  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | City  | Zip (        | Code                 |                   |
|--|---|--------------|----------------------|-------------------|
|  | , Florida   | - ,          |                      | •                 |
|  |   | -            | ယ္                   | <u>:</u>          |
| New Registered Office Address:   | Enter Florida street address                                | <u> </u>     | 7                    |                   |
| N. B. Carlo I Office Address.  |   |              | 9                    | 压器                |
| Name of New Registered Agent:  |   |              | <del></del>          |                   |
|  |   | ==           | ĦA)                  | 1.                |
| REGILD MIAW UK AMO MOTT A PERSONS BE CALLED WHITE THE TENTON OF THE PERSONS AND THE PERSONS AND CONTRACT OF THE PERSONS AND CALLED WITH THE PERSONS AND CONTRACT OF THE PE |   |              | 22                   |                   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter the na                        | me of th     | e <b>new</b><br>2022 | <u>registered</u> |
|  |   |              |                      | •                 |
|  |   |              |                      |                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |              | _                    |                   |
| Enter new mailing address, if applicable:  |   |              |                      |                   |
|  |   |              |                      |                   |
| Frincipal Office address MUST DE ASTREET ADDRESS   |   |              |                      |                   |
| Principal office address MUST BE A STREET ADDRESS)   |   |              |                      |                   |
| Enter new principal offices address, if applicable:  |   |              |                      |                   |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the                 | abbreviation | 010 "L.L.            | .C."              |
| NODA SERVICIOS LLC   | <del></del>   |              |                      |                   |
| A. If amending name, enter the new name of the limited liab  | flity company here:   |              |                      |                   |
| This amendment is submitted to amend the following:  |   |              |                      |                   |
| Florida document number L19000061822   |   |              |                      |                   |
| The Articles of Organization for this Limited Liability Company  | were filed on 03/04/2019                                    | an           | d assig              | gned              |
| ·  |   |              |                      |                   |
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | ny as it now annears on our records.)<br>Liability Company) |              |                      |                   |
| NODA SERVICIOS Y REMODELACIONES LLC  |   |              |                      |                   |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

05/09/2022 ...01:41 (FAX) P.004/005

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title   | <u>Name</u> | Address     | Type of Action |
|---------|-------------|-------------|----------------|
|         |             |             | □Add           |
|         |             |             | □Remove        |
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| AT ALL                    | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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|                           |   |
| (If an cf<br><u>Note:</u> | ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| f the recore              | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.  |
| Dated                     | 05/09/2022  |
|                           | Signature of a member of authorized representative of a member  |
|                           | OMAR NODA   |

Typed or printed name of signee